



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

June 20, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Lancaster Event Center, 4100 North 84th Street requesting that Amy Dickerson be approved as the manager of the class C/K liquor license.

A background investigation was completed with no issues found.

The applicant has been informed on the required training.

Her application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: DICKERSON First Name: AMY MI: NE

Home Address (include PO Box if applicable): 6119 EVERETT ST.

City: LINCOLN County: LANCASTER Zip Code: 68507

Home Phone Number: 402 486 9280 Business Phone Number: 402 441 6545

Social Security Number _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: Kalispell MT USA

Email address: adickerson@lancastereventcenter.com

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Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

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☒ YES

☐ NO

NEBRASKA LIQUOR
CONTROL COMMISSION

Spouse's information

Spouses Last Name: CORDOVA-TOANGA First Name: WALTER MI: A

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Santa Cruz Island
Galapagos Ecuador

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

| CITY & STATE | YEAR FROM | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
|-------------------|--------------|------------|-------------------|--------------|------------|
| Lincoln NE | 2012 | 2014 | Lincoln NE | 2012 | 2014 |
| Poway CA | 2003 | 2014 | Poway CA | 2003 | 2014 |
| Galapagos Ecuador | 2002 | 2003 | Galapagos Ecuador | 1965 | 2003 |
| Fremont CA | | | | | |
| Berkeley CA | | | | | |

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Form 103
Rev 9/2013
Page 3 of 6

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MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|------------------|--------------------|---------------------|
| 1999 2014 | Hewlett Packard | Carla Stephan | 858-228-6040 |
| 1988 1996 | Black & Decker | Eric Soik | 925-274-4642 |

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more charges please list charges by each individual's name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

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CONTROL COMMISSION

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (City & State) | Description of Charge | Disposition |
|-------------------|------------------------------------|--------------------------------------|-----------------------------|-------------|
| | | | | |
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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☐ YES ☒ NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

STATE OF MONTANA

CERTIFICATE OF LIVE BIRTH

LR No.

THIS MARGIN
RESERVED
FOR
BINDING

35430

| | | | |
|---|---|---|---|
| 1. PLACE OF BIRTH a. County Flathead | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State Montana b. County Flathead | |
| b. City, Town or Location Kalispell | | c. City, Town or Location Kalispell | |
| c. NAME OF HOSPITAL OR INSTITUTION—(If not in hospital, give street address) General Hospital | | d. Street Address or Rural Route (Mailing Address) Route 3 | |
| d. Is Place of Birth Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | e. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME First Middle Last Amy Elizabeth Dickerson | | | |
| 4. SEX female | 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. If Twin or Triplet, Was This Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 6. DATE (Month) (Day) (Year) OF BIRTH |
| 7. NAME First Middle Last Davis Warren Dickerson | | | 8. COLOR OR RACE White |
| 9. AGE (At time of this birth) 25 Years | 10. BIRTHPLACE (State or Foreign Country) Madison City, Wisconsin | 11a. USUAL OCCUPATION Laborer | 11b. Kind of Business or Industry C & C PLYWOOD CO. |
| 12. MOTHER'S NAME First Middle Last Linda Louise Weber | | | 13. COLOR OR RACE White |
| 14. AGE (At time of this birth) 25 Years | 15. BIRTHPLACE (State or Foreign Country) Mare Island, California | 16. PREVIOUS DELIVERIES TO MOTHER (Do Not Include This Birth) a. How many other children were born alive but are now dead? 0 b. How many other children were born dead at any time after conception? 0 c. How many fetal deaths? (Fetuses born dead at any time after conception?) 0 | |
| 17. I have reviewed this, my child's birth certificate, and find the information correct. Mrs. Linda Dickerson Signature of Mother | | 18. SIGNATURE OF ATTENDANT Van Kirke Nelson, M. D. | |
| 18a. SIGNATURE OF ATTENDANT Van Kirke Nelson, M. D. | | 18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) | |
| 18c. ADDRESS 216 Buffalo Block, Kalispell, Montana | | 18d. DATE SIGNED | |
| 19. DATE REC'D by Local Reg. 6-12-1965 | 20. REGISTRAR'S SIGNATURE Fay O'Leary | | 21. DATE GIVEN NAME WAS ADDED by (Registrar) |

Use Only a
Permanent
Black Ink
or Ribbon.
TYPE IF
POSSIBLE.
Never Use
Colored Ink
or Pencil.

65 8 July
Glenn E. Millhouse
H. E. Engelbrecht

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Deputy
County Clerk and Recorder

Glenn E. Millhouse
County Clerk and Recorder

June 19 65

day of

County, Montana, attested this

together with the endorsement thereon, as

the same appears of record in this office.

Witness my hand and seal of said Flathead

certificate

be a full, true and correct copy of a certain

County Clerk and Recorder, in and for the

Said County of Flathead, State of Montana

hereby certify the annexed and following to

Glenn E. Millhouse

County of Flathead

STATE OF MONTANA

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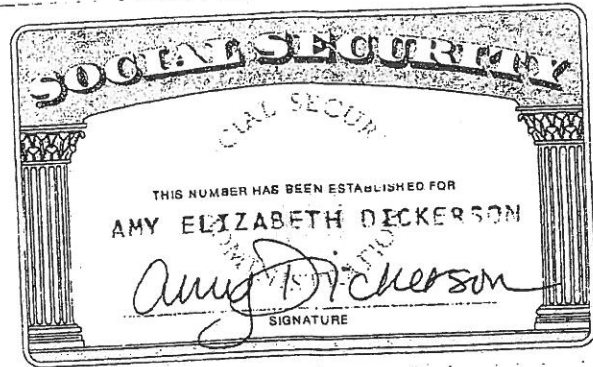
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